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GLANFORD BRIGG RURAL DISTRICT
COUNCIL



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
1961

Medical Officer of Health

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Public Health Department,

50, Holydyke,

Barton-on-Humber.

August, 1962.

Mr. Chairman, Ladies and Gentlemen,

It is our duty as a local authority to take such steps as we can to prevent disease in the population of our district by manipulation of the external physical environment. As you know, we do this by attempting to ensure the purity of food, water and air; elimination of unfit dwellings and of public health nuisances. In addition, we have duties and powers under the Public Health Acts to control the spread of infectious diseases, using such measures as isolation of notified cases, and, in certain instances, quarantine of contacts. To undertake these duties effectively it is necessary for us to study diseases as they occur in the community, and attempt to ascertain their causes. It is also necessary for us to take note of such new knowledge of disease, its causes, methods of transmission and factors influencing this, as has become available from research anywhere in the world.

For this reason I am continuing my policy of former years of including in this report, in addition to the statutory review of the health of the community and account of the work done in my department, brief accounts and comments upon recent advances in medical knowledge. It is hoped in this way to dispel some of the misconceptions still prevalent in the area where many people still cling to the "miasma" theory of contagion, and help people to take more rational and more effective measures to protect their own and their families' health.

Medical knowledge is in a constant state of change. Theories which, since they explain adequately those facts which have so far been observed, appear correct today, may well be disproven tomorrow when new facts come to light. Consequently, it is necessary to distinguish clearly between what are the observed facts and the hypothesis and speculations based upon them. However false today's theories may prove to be, the observed facts will remain, and must be adequately explained by any new hypotheses.

One of the most interesting advances made in connection with the epidemiology of communicable disease relates to transmission of virus infections from person to person. It has long been known that

different diseases had their peaks of incidence at different seasons of the year, and many attempts have been made to explain such seasonal incidence by postulating transmission by insect vectors, or effects of temperature or humidity upon the susceptibility of the host. Experimental work by Hemmes, Winkler and Kool in Holland*, however, now strongly suggests that some of these differences in seasonal incidence may be due to the effect of the relative humidity of the air we breathe, not upon ourselves, but upon those virus' which are transmitted by means of droplets in the air. They have observed that when suspensions of a strain of polio virus were sprayed in the air, the virus survived for some time in moist air but was rapidly inactivated in air with a relative humidity below 40, no live virus being recovered even half a minute later. Conversely, a strain of influenza virus survived well in dry air but ceased to be infective quite soon in moist air.

Now, except in exceptional circumstances, the atmosphere in England is moist, but in winter time when the air is cold, we heat our homes and so greatly reduce the relative humidity; whereas in summer the air within our homes may be cooler than that outside in the sun, with the result that the relative humidity may be high. Consequently, the differences in humidity of the air in our homes may well account for the fact that Poliomyelitis is usually a disease of the summer, while Influenza seldom becomes epidemic until the cooler weather of winter.

If this is indeed the explanation of the seasonal incidence of these two diseases certain corollaries follow: Thus it suggests that paralytic poliomyelitis is the result of virus entering the body via the respiratory tract, and that gut infections with polio virus resulting from water or food contaminated with the virus are less likely to result in disease, and it follows that immunisation by means of live attenuated virus is likely to prove even safer than laboratory tests indicate. It also means that by installing air conditioning plant in buildings so that the relative humidity is lowered, the spread of poliomyelitis could be reduced even in summer - albeit at the risk of increasing the summer incidence of Influenza. If and when further work confirms that a high relative humidity is necessary for the transmission of Poliomyelitis, it might even become possible by installing air conditioning plant in Isolation Hospitals to reduce risks of transmission there, and make it safe to allow visiting of patients and avoid irksome isolation. Similarly, when a member of a family develops influenza the rest of the household may be able to protect themselves by increasing the moisture content of the air. Such homely objects as wet clothes hung in the room to dry; a kettle simmering on the stove, or alternatively a spartan regime of open windows and no heating might well reduce the spread of influenza in the home!

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It is difficult for those of us who live in good homes with modern amenities, run motor cars, and have reasonably adequate incomes, to appreciate how difficult life is for those who are less favourably placed. It is easy to criticise people for not doing things, and we nearly all do so. I am sure, however, that if we understood the difficulties facing these people our attitude would invariably be more charitable.

A lady with several young children has a son of school age who had chronic ear disease, and was given a note to attend the Ear, Nose and Throat specialist. She lives in a village in this district, from which the public transport facilities are better than in many of our villages. Nevertheless she found that the only appointment she was offered was at 9.30. No 'bus would get her there in time, but she was told that the train would do so. Since this would involve getting up very early, and taking a baby with her on a journey lasting several hours, changing trains once and finally taking a 'bus, it was not reasonably practicable. Babies must be fed at the proper times, and require nappies changing, which is far from easy when travelling. One cannot blame her for not lightly undertaking such a journey, in wintertime, for with the two journeys, the wait at the hospital, the expense of travelling and having a meal out, her difficulties both physical and financial would be considerable. The bald statement that an appointment was made but that the family failed to take advantage of it, whilst true, puts the family in an unfairly critical light.

These people, who often live in houses which are cramped for space and lacking such facilities as piped hot water, adequate draining boards and working surfaces, bathrooms, etc. cannot afford help in the house. They have to work much harder than more fortunate housewives to attain the same standards of cleanliness. Their incomes are low, yet living is more expensive for them than we appreciate. Often the cost of a 'bus fare to another village must be added to the cost of their groceries, and such expense offsets the lower rents which they pay. Those who rely upon travelling shops have a limited choice of goods. They cannot economise by going to the shop which offers the lowest prices, and may well have to accept a diet which in fact is of poor nutritional value for money.

Children must play, and are always untidy. They move things and leave their toys all over the floor. In a small cramped house untidiness could double the work. Before a floor can be swept all the toys must be picked up and put away. Furniture must be moved, and possibly this means stacking chairs on top of a table. Doing all this with toddlers getting in the way all the time is therefore a great deal harder than it would be in a larger house.

HOUSING.

As a Council we can do a great deal to ease the lot of many of these people. There are still far too many of them living in unfit cottages, and our slum clearance programme has in the past been far too slow. Its rate, of course, has to be related to the rate of building new council houses, and in 1961 this was unduly low. A very marked increase in our rates of house building and of slum clearance is most desirable in the interests of the health and happiness of our population.

Such an increase as I recommend in our rate of slum clearance would inevitably incur bitter opposition from some sources, because it brings home to us in a more forceful way than does clearance in small lots some of the disadvantages of our present methods. Slowly but surely as the oldest and least habitable cottages are demolished, and the council house estates grow, the character of our villages is changing. There is a danger that in time all villages will come to look alike, and resemble the suburbs of any large town. Uniform, twentieth century architecture, mainly brick semi-detached houses or bungalows, all neatly conforming to a building line and with small front gardens separating them from the road, will replace the present assortment of Georgian, Victorian and early twentieth century houses and cottages, with their random distribution and varied appearance. A question which the Council will have to decide is whether this represents their wishes. It is true that a few landlords are prepared to spend considerable amounts of money repairing and modernising old cottages rather than have them demolished, but the cost of doing this is usually uneconomic. Were it not so, the properties would not be subject to action under this section of the Housing Act. We cannot expect landlords to spend uneconomic sums on poor properties merely to preserve the appearance of a village, and it would be quite wrong for the council to fail to carry out its duty under the Housing Act for this reason. Consequently, if we wish to retain the characteristic appearance of our villages, it will become necessary for us to either adopt a policy of buying borderline properties, modernising them, perhaps knocking two into one, converting them into better dwellings, or alternatively to build new houses of more varied design and of more varied materials on the odd sites left by demolition. The latter alternative would be more expensive than our present system, and many would object to the large scale purchase and modernisation of old properties on the grounds that this would involve providing lower standards of comfort in them than in normal council houses, because of their inconvenient layout, low ceilings, or small rooms.

It is not possible to please everybody, and it is for the council to decide which policy to adopt in each village. There are but these three alternatives, for it would be indefensible to expect people to continue to live in slums merely because we may think them picturesque.

There are, in the district, over 11,000 inhabited houses. Many of them are very old, and if the normal life of a house were taken as 100 years, a replacement rate of 110 per annum would be necessary merely to prevent the position deteriorating. In 1961 we only built 47. It is true that there were 363 private houses built during the year, but since these were predominantly houses built near Scunthorpe by immigrants to the area attracted by the expanding steel industry, they do not appreciably affect the position. The 258 houses improved with the aid of either standard or discretionary grants during the year will have made a far more valuable contribution to the welfare of the population than has public or private new building. The houses improved with the aid of grants tip the balance comfortably on the side of gain rather than loss in our race with the inevitable decay and obsolescence of houses. It is desirable that even larger numbers of houses be improved in the years to come, but this will not eliminate the need to build new houses. As brickwork slowly perishes with time, even the improved houses will become unfit. Many have only a limited life, and will require replacing within the next 20 - 30 years.

Vital Statistics.

The mid-year population for 1961 was 34,790, an increase of 141 over that for 1960. Since this was a census year, the figure is a reliable one, and as there were 300 more births than deaths during the year, it is apparent that the population of this area is still increasing. The birth rate of 20.2 per 1000 was exceptionally high, and the corrected birth rate was even higher, but the reasons for this are obscure. The stillbirth rate of 20.9 was satisfactory, being fractionally below that for England and Wales.

Regrettably, the infant mortality rate rose to 25.6, a higher figure than that for this district last year, and than that for England and Wales. Of the 18 infant deaths 9 were the result of prematurity, 3 were due to congenital heart disease, 2 to inhalation of vomit, 1 to cold injury, 1 to strangulated inguinal hernia, 1 to birth injury, and one to infective hepatitis.

The number of infant deaths is only slightly in excess of that expected, but it is reflected in the Neonatal and Perinatal mortality rates which are also a little higher than they were in 1960.

The total number of deaths at all ages was also somewhat higher than last year, and not all of the increase can be accounted for by the increase in population. Consequently, both the crude and corrected death rates show a slight increase on the 1960 figures, and the corrected rate is higher than that for England and Wales. Numerically the greatest increase occurred in deaths from Cardiovascular Diseases, which went up by about 30. There were, however, bigger proportional

increases in deaths from infections and from the miscellaneous group of "other defined and ill-defined diseases". Three deaths were caused by tuberculosis. The death attributed to Diphtheria was not due to the immediate consequences of the disease, but was due to failure of a heart alleged to have been damaged by diphtheria years previously, and accounts for the discrepancy between the table of notifications of infectious disease and the deaths.

Of the deaths registered which were classified under "other defined and ill-defined diseases" no single cause accounts for more than a few. Seven of them were certified as deaths from old age.

INFECTIOUS DISEASES.

During 1961 there was a measles epidemic. Of the 655 cases notified, half were children between the ages of 5 and 6. This illustrates the part played by school contacts in spreading this infection, resulting in most children developing the disease during the two years following school entry.

As measles epidemics occur alternate years, fluctuations in notifications from year to year are usually due to this. In fact, although there were 740 notifications of infectious diseases in 1961, compared with 95 in 1960, the increase was entirely due to measles, there being a slight fall in notifications of other diseases in general, although notification of dysentery also increased slightly.

During the year we made three new diseases locally notifiable in the district. An order making Leptospirosis, Brucellosis and Jaundice notifiable came into force on July 1st, and will remain in force for 3 years. It is too early yet to have obtained any results from this, but it is a potentially useful measure if the doctors in the area can remember that these diseases have now become notifiable.

SEWAGE.

During 1961 work continued on seweraging the villages of Goxhill and Wrawby. There are still, however, too many villages in need of seweraging, and it is essential that we press on with this work as fast as possible. It is particularly urgent in the case of those villages situated on the chalk, and whose present disposal systems give rise to risk of pollution of our principal water sources. It will be of particular interest to us all to see whether the seasonal appearance of coliform organisms at the Barrow source in July each year is affected by the seweraging of Wootton and Thornton Curtis.

WATER SUPPLIES.

The subject of water supplies was dealt with very thoroughly in my 1960 report. The situation remained unchanged in 1961. The water, after treatment, was invariably of excellent quality, but as has happened each year, some pollution of the raw water at Barrow became evident during July, although in the fourth week of the month instead of the second as in former years. The pollution persisted throughout August, but faded away again during September.

The North Lindsey Water Board continued to soften the water from all sources, but have modified the treatment to produce a slightly harder water. This was desirable for a number of reasons. As I stated in last year's report, the only way to bring the p.H. of the Winterton Holme water to within the W.H.O. approved limits without making the water corrosive to pipes, was to increase its hardness slightly. It was desirable in any case to have a slightly harder water to reduce corrosion of pipes, and in view of the suspicions raised by Professor Morris's work which I cited last year, it seemed possible that this course might also be advisable on health grounds.

There is no evidence to suggest that an artificially softened supply with 60 to 80 ppm of hardness such as is distributed by the North Lindsey Water Board is harmful. The relationship to cancer of the stomach is with upland surface water supplies, and such water differs greatly in character from the softened water in this area. The relationship between soft water and cardio-vascular diseases found last year by Professor Morris may mean that it is not wise to soften water too much, but it is too early to alter the composition of our own water yet.

The only serious fault in the chemical composition of our water supply is the serious lack of fluorine in it. Each year, since I came to this area I have felt obliged to mention this since it has been known now for some years that unless water contains about 1 part per million of fluoride, the teeth of children reared in the area are liable to decay. A vocal minority of people in this country, in the U.S.A. and in New Zealand, have opposed the artificial fluoridation of public water supplies, on the grounds that it is a poison, might be harmful to health or that its addition to public supplies infringes the freedom of the individual. The demonstration fluoridation areas in England have now been in operation for 6 years, and neither from them, nor from districts where optimal concentrations of fluoride occur naturally, has it proved possible to detect any harmful effects upon health. Like other related chemicals fluorine is needed by the body in small amounts, but it is harmful in large

quantities. Chemically it belongs to the same group as iodine, and as you know deficiency of iodine in our diet causes goitre, a sort of swelling of the thyroid gland. Excessive intake of iodine, however, is harmful and causes a rash resembling acne to appear. In concentrations above 4 parts per million fluoride causes a mottled discolouration of teeth, but the teeth are strong and resist decay. In concentration of about 15 to 30 ppm. prolonged ingestion can cause stiffness of the spine due to spiky outgrowths of dense bone. However, in the low concentration of 1 part per million, the presence of fluoride ions enables the body to build strong, healthy teeth and bones without harming health.

In view of the national shortage of dentists, it will soon become an urgent necessity that we should do all in our power to preserve children's teeth. By far the most effective way known today is the fluoridation of public water supplies. It is to be hoped that the publication of the results of the first 5 years investigation into the Demonstration areas will result in governmental action to encourage the introduction of fluoridation in those areas where the public supply is deficient in this mineral. When the government give a lead in this we should be prepared to press for this improvement in our own area at once. Anyone who has looked at the teeth of a few hundred children in any of our local schools will agree that the need for fluoridation in this area is urgent.

CLEAN AIR.

During the year the work of preparing our first Smoke Control Area proceeded slowly, and deposit gauges and lead peroxide instruments were maintained at Bottesford and Scawby. In both villages the peak deposit recorded in August was probably due to the excessive amount of rain which fell in that month, washing suspended particles from the air.

Variations in wind direction determine the source of pollution at any time, and account for the wide variations in deposit from month to month. On some occasions increase in p.H. and soluble calcium indicated that lime from the cement works was reaching both villages, but Bottesford appears to have been more affected by acid pollution from Scunthorpe. In both villages the mean summer deposit exceeded the mean winter deposit.

The announcement by the Sheffield Regional Hospital Board of their intention to build a new Maternity Unit at Scunthorpe and to close the maternity beds at the Glanford Hospital, Brigg, received a mixed reception. Not unnaturally, we all want to have our cake and eat it! A proper consultant obstetrical unit with enough beds to employ a Registrar is urgently needed in the area,

and would result in a marked improvement in our obstetrical services. The proposal of the Regional Board to build such a unit has been welcomed by everybody. However, the proposal to close the small unit at Brigg when the new unit at Scunthorpe opens, provoked bitter opposition in many quarters. The rate of growth of population and high birth rate in and around Scunthorpe may well justify retention of additional beds, and the feeling amongst the doctors in the area is that it would be far better to turn the unit at Brigg into a General Practitioner unit than to close it. Retention of this unit should only be supported if admission to it were restricted to what one might term "low risk" cases, whose booking at hospital was on social and not on medical grounds. Provided such units only accept cases of this type, they can do an excellent job, as the figures given by Stallworthy for G.P. units in the Oxford area, show. If all the maternity beds for the area are to be concentrated in one unit at Scunthorpe, it will mean that only those doctors who live and practice in that town will be able to undertake any institutional midwifery. Those who live in the Brigg and Barton areas will not be able to look after those of their patients who require hospital confinement on social grounds. This is an unsatisfactory feature of our present arrangement, which ensures that the person who conducts the delivery is not the same person who has undertaken the ante-natal care. Provision of open General Practitioner beds at Brigg would go some way towards ensuring continuity of care, and would also increase the contacts between the practitioners and the Consultant Obstetrician, with possible consequent improvement in the skill of the doctors. An additional advantage of retaining the Brigg Maternity beds is that many women prefer to go there because of its small size and friendly atmosphere. Since it is sometimes hard to persuade women that their homes are unsuitable and they should enter hospital, when they know that their families will find it too difficult to visit the Scunthorpe hospital, the retention of the Brigg unit might also make it easier to ensure that such cases were admitted, and so could help to reduce the perinatal mortality. The report of the Committee of the Royal College of Obstetricians and Gynaecologists on General Practitioner Maternity Units did not favour the incorporation of such units in the building of the main specialist unit, disagreed with a former committee's recommendation that units should have 24 beds, and claimed that smaller units should be provided when populations were small. Arguments against such small units on grounds of lack of efficiency, had not been substantiated and many achieved a high standard of performance. Losses in economy were offset by gains in human relations. They stipulated in detail the criteria for admission to small General Practitioner units restricting them to women under the age of 35 who are expecting second, third or fourth babies, and who are otherwise healthy and normal, and women below the age of 30 expecting first babies if they are more than 5 feet tall and are not suffering from certain diseases; are not too fat, and whose babies are the right way up!

The strongest argument against retaining a unit at Brigg subject to these conditions is that the number of such cases in the area which this unit would serve might be too small to justify its existence. These criteria would exclude some 40% of all expectant mothers from the unit, and another 30% may be expected to be confined in their homes. Retention of this unit is, therefore, likely to be dependent upon the population of the Brigg area in 6 years' time, and the annual number of births in the area.

In November 1961 representatives of the Sheffield Regional Hospital Board met representatives of local authorities and of the medical profession at Scunthorpe to hear our views on their proposals, but neither side was able to convince the other.

I am indebted to Dr. C.D. Cormac, County Medical Officer of Health for details of immunisation given during the year and for particulars of foods sampled by the County Health Inspector, and to Mr. McIntosh for details of the work carried out by the Public Health Inspectors.

I am,

Your obedient Servant,

J. S. ROBERTSON.

Medical Officer of Health.

GENERAL DESCRIPTION OF THE
DISTRICT

The Rural District of Glanford Brigg covers an area of about 136,595 acres and includes 41 parishes. The population is 33,121.

Although the main industry is agriculture, there are a number of industries in the district, including iron ore mines, chalk quarries, beet sugar manufacture, ship building and repairing, the manufacture of cement, bricks, artificial manure and poultry food, and the refining of oil. There are many other small industries. Many inhabitants of the district are employed in the steelworks in the Borough of Scunthorpe and a large number are also employed at Immingham Docks.

Area of the district	136,595	acres
Population of the district..	33,121	
Number of inhabited houses	10,579	
Rateable Value at 31st March 1962	£444,965	
Product of a penny rate 1961/62	£ 2,019	

VITAL STATISTICS

		1959	1960	1961
Mid-year populations	...	33,580	34,721	34,790
Live Births	...	607	594	702
Stillbirths	...	14	11	15
Infant Deaths under 4 weeks		10	7	13
Total Deaths	...	355	335	400

Legitimate			Illegitimate			Total
Male	Female	Tot.	Male	Female	Tot.	
336	322	658	18	26	44	702
8	6	14	1	-	1	15
10	4	14	2	2	4	18
6	3	9	2	2	4	13
5	3	8	2	2	4	12

	Glanford Brigg Rural District	England & Wales	
	1960	1961	1960
Crude Birth Rate	17.4	20.2	17.2
+ Corrected Birth Rate	18.6	21.2	(17.2)
Stillbirth Rate	18.2	20.9	20.0
Infant Mortality Rate	20.2	25.6	22.0
Legitimate Infant Mortality Rate	19.6	19.9	22.0
Neonatal Mortality Rate	11.8	18.5	15.5
Perinatal Mortality Rate	26.5	37.7	33.0
Illegitimacy Rate	5.73	6.27	5.4
Crude Death Rate	9.8	11.5	11.5
+ Corrected Death Rate	10.4	12.2	(11.5)

- + These corrections take account of the differing proportions of old and young people in the area, and make the resulting rate comparable with that for England & Wales. Hence a health resort to which old people retire and die would have a high crude rate and a low comparability factor to compensate, whereas an industrial area with few old people would have a low crude rate and a high comparability factor. The comparability factor for this district is 1.05 for births and 1.06 for deaths.

CAUSES OF DEATH IN THE DISTRICT DURING THE YEAR 1961.

This table gives the causes of death in accordance with the abbreviated list of 36 groups of the World Health Organisation Nomenclature Regulations, 1948.

	Causes of Death				Male	Female.
1.	Tuberculosis, respiratory	..	..	..	2	1
2.	Tuberculosis other	..	..	..	-	-
3.	Syphilitic disease	..	..	..	1	-
4.	Diphtheria	..	..	..	-	-
5.	Whooping Cough	..	..	..	-	-
6.	Meningococcal infections	..	..	..	-	-
7.	Acute Poliomyelitis	..	..	..	-	-
8.	Measles	..	..	..	-	-
9.	Other infective and parasitic diseases		..		3	-
10.	(Malignant neoplasm, stomach	..	..		4	4
11.	(Malignant neoplasm, lung, bronchus	..	..		16	1
12. x	(Malignant neoplasm, breast	..	..		-	8
13.	(Malignant neoplasm, uterus	..	..		-	-
14.	(Other Malignant Lymphatic neoplasms		..		17	14
15.	Leukaemia, aleukaemia	..	..		-	-
16.	Diabetes	..	..	..	3	3
17.	Vascular lesions of nervous system	..	..		25	31
18.	Coronary disease, angina	..	..		43	29
19.	Hypertension with heart disease	..	..		3	6
20.	Other heart disease	..	..		20	27
21.	Other circulatory disease	..	..		7	14
22.	Influenza	..	..		1	4
23.	Pneumonia	..	..		7	2
24.	Bronchitis	..	..		9	10
25.	Other diseases of the respiratory system		..		3	-
26.	Ulcer of the stomach and duodenum	..	..		-	-
27.	Gastritis, enteritis and diarrhoea	..	..		-	-
28.	Nephritis and nephrosis	..	..		-	-
29.	Hyperplasia of prostate	..	..		2	-
30.	Pregnancy, childbirth and abortion	..	..		-	-
31.	Congenital Malformations	..	..		1	4
32.	Other defined and ill-defined diseases		..		30	17
33.	Motor vehicle accidents	..	..		9	3
34.	All other accidents	..	..		9	3
35.	Suicide	..	..		3	-
36.	Homicide and operations of war		..		1	-
Total					219	181

x Malignant neoplasm means cancer.

CAUSES OF DEATH AT VARIOUS PERIODS OF LIFE.

	Age in years.			
	0-1	1-14	15-49	50+
<u>Infectious Diseases.</u>				
Tuberculosis respiratory.....	-	-	-	3
Tuberculosis, other.....	-	-	-	-
Syphilitic Disease.....	-	-	-	-
Diphtheria.....	-	-	1	-
Whooping Cough.....	-	-	-	-
Meningococcal infections.....	-	-	-	-
Acute Poliomyelitis.....	-	-	-	-
Measles.....	-	-	-	-
Other.....	1	-	2	-
<u>The Cancers.</u>				
Stomach	-	-	-	7
Lung and Bronchus.....	-	-	3	15
Breast.....	-	-	2	6
Uterus.....	-	-	-	-
Other	-	1	3	28
Leukaemia, Aleukaemia.....	-	-	-	-
<u>Diabetes.</u>	-	-	-	3
<u>Cardiovascular Diseases.</u>				
Vascular lesions of nervous system	-	-	2	58
Cronary Disease, angina.....	-	-	3	62
Hypertension with heart disease....	-	-	1	18
Other heart disease.....	-	-	3	50
Other circulatory disease.....	-	-	-	15
<u>Respiratory Diseases.</u>				
Influenza	-	-	-	2
Pneumonia	-	-	1	14
Bronchitis.....	-	-	1	19
Other.....	-	-	1	4
Ulcer of the stomach and duodenum .	-	-	-	-
Gastritis, enteritis and diarrhoea	-	-	-	-
Nephritis and nephrosis.....	-	-	-	4
Hyperplasia of prostate.....	-	-	-	2
Pregnancy, childbirth and abortion.	-	-	-	-
Congenital malformations.....	4	-	2	-
Other diseases	11	-	1	18
Motor vehicle accidents.....	-	2	8	3
All other accidents	2	1	1	8
Suicide.....	-	-	-	3
Homicide and operations of war.....	-	-	-	1

TABLE OF NOTIFICATIONS OF INFECTIOUS AND OTHER DISEASES
BY AGE GROUPS.

Disease.	0+	1+	2+	3+	4+	5+	10+	15+	25+	45+	65+	NK.	TOT.
Measles.	14	61	73	77	56	323	32	5	6	-	-	8	655
Whooping Cough	2	3	3	3	2	6	-	-	1	-	-	-	20
Scarlet Fever	-	-	2	2	1	4	1	1	-	-	-	-	11
Meningo- encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Small pox.	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	5	2	2	-	2	1	-	8	1	2	2	25
Meningococcal Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
B. Pneumonia	-	-	-	-	-	1	-	-	2	3	3	-	9
B. phalitis Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
B. phalitis Post Inf.	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	1	-	-	1
Stomachache	-	-	-	-	-	-	-	-	-	2	-	-	2
Food Poisoning	-	1	-	1	-	1	1	-	2	-	-	-	6
Tuberculosis Resp.	-	-	-	-	-	-	-	1	1	2	2	-	6
Tuberculosis of C.N.S.	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	1	-	3	-	-	-	-	-	1	5
Total	16	70	80	86	59	340	35	7	20	9	7	11	740

Food Poisoning:

Attempts were made to trace the sources of the cases of food poisoning but these proved fruitless.

PARTICULARS OF IMMUNISATIONS AND VACCINATIONS CARRIED OUT IN THE AREA DURING 1961.

Type of Immunisation or Vaccination.	Under 1	1 - 4	5 - 14	15 or over.	Total
Diphtheria & Whooping Cough Immunisation	-	4	2	-	6
Diphtheria Tetanus and Whooping Cough Immunisation.	111	373	54	-	538
Diphtheria, Tetanus Immunisation.	-	3	19	-	22
Whooping Cough Immunisation.	-	5	-	-	5
Whooping Cough and Tetanus Immunisation	-	-	-	-	-
Smallpox Vaccination.	209	33	1	19	262
Smallpox Re-Vaccination	-	2	4	15	21
Tetanus Vaccination.	-	6	103	10	119
Tetanus Booster.	-	1	-	3	4
Diphtheria alone (Primary).		1	10		
Diphtheria Booster		435			

POLIOMYELITIS VACCINATION.

-17-

Age Group	0 - 19 yrs.	20 - 29 yrs.	30 - 39 yrs.	40+ (a)
Estimated Population (1961)	10,905	5,268	4,722	13,895
No. received only 2 injections	965	292	411	9 (a)
%age	" " " "	5.5	8.7	.06
No. received only 3 injections	4033	1725	825	95 (a)
%age	" " " "	32.7	17.5	.68
No. received only 4 injections (b)	1681 (b)	- (b)	- (b)	- (b)
%age	" " " "	-	-	-
Total percentage protected:	61.1	38.2	26.2	.74 (a)

Notes:

- (a) Vaccination restricted to certain priority groups
- (b) Only children between the ages of 5 and 12 are eligible for the fourth injection.

Public Water Supply.

(1) Bacteriological Examinations.

Bore	Presumptive Coli Count	"Raw" Water	Chlorinated Water
Barrow-on-Humber	Less than 1 per 100 ml.	98	50
	1 to 2 per 100 ml.	11	0
	3 to 10 per 100 ml.	9	0
	More than 10 per 100 ml. or B. Coli type 1 present.	5	0

Barton-on-Humber	Presumptive Coli Count	"Raw" Water	Chlorinated Water
	Less than 1 per 100 ml.	93	50
	1 to 2 per 100 ml.	1	0
	3 to 10 per 100 ml.	1	0
	More than 10 per 100 ml. or B. Coli type 1 present	2	0

Winterton Holmes	Presumptive Coli Count	"Raw" Water	Chlorinated Water
	Less than 1 per 100 ml.	40	40
	1 to 2 per 100 ml.	0	0
	3 to 10 per 100 ml.	0	0
	More than 10 per 100 ml. or B. Coli type 1 present	0	0

(2) Chemical Analyses.

Barton Bore.

	Raw Water.		Treated (Softened) Water.	
Appearance	clear and bright		clear and bright.	
Colour	colourless		colourless	
Taste	normal		normal	
Odour	None		None	
Reaction, pH Value	7.2	ppm	7.4	ppm
Free Carbon Dioxide as CO ₂	15.0	ppm	7.0	ppm
Ammoniacal Nitrogen as N	0.002	ppm	0.004	ppm
Albuminoid Nitrogen as N	0.014	ppm	0.016	ppm
Nitrous Nitrogen as N	None		None	
Nitric Nitrogen as N	6.00	ppm	5.5	ppm
Poisonous Metals (Lead etc)	None		None	
Hardness (calculated from Mineral Analysis as CaCO ₃)	327.4	ppm	58.2	ppm
Temporary	206.1	ppm	58.2	ppm
Permanent	121.3	ppm	Nil	
Permanganate Figure (4 hours at 80° F.) as O ₂	0.37	ppm	0.29	ppm
Alkalinity as CaCO ₃	206.1	ppm	206.1	ppm
Silica as SiO ₂	11.0	ppm	12.0	ppm
Alumina and Iron Oxide	2.0	ppm	Nil	
Calcium as Ca	126.0	ppm	23.3	ppm
Magnesium as Mg.	3.1	ppm	Nil	
Sodium as Na	12.7	ppm	145.09	ppm
Carbonates as CO ₃	123.6	ppm	123.6	ppm
Chlorides as Cl	32.0	ppm	39.0	ppm
Nitrates as NO	26.6	ppm	24.3	ppm
Sulphates as SO ₄	79.0	ppm	91.4	ppm
Iron as Fe	Nil		Nil	
Fluorine as F by the distillation method	0.08	ppm	0.15	ppm

Probable composition of Mineral constituents:

Silica	11.0	ppm	12.0	ppm
Alumina and Iron Oxide	2.0	ppm	Nil	
Calcium Carbonate	206.14	ppm	58.19	ppm
Calcium Sulphate	111.95	ppm	---	
Calcium Chloride	29.11	ppm	---	
Magnesium Chloride	12.14	ppm	---	
Sodium Carbonate	---		156.72	ppm
Sodium Sulphate	---		135.17	ppm
Sodium Chloride	7.19	ppm	64.30	ppm
Sodium Nitrate	36.47	ppm	33.31	ppm
	416.00	ppm	459.69	ppm

Calculated Hardness:

Temporary	. 206.1	ppm	58.2	ppm
Permanent	121.33	ppm	Nil	
Total	327.4	ppm	58.2	ppm

<u>Barrow Bore.</u>	Raw Water	Treated (Softened) Water.
Appearance	Clear and bright	Clear and bright.
Colour	Colourless	Colourless
Taste	normal	normal
Smell	none	none
Reaction, pH value	7.2 ppm	7.2 ppm
Free Carbon Dioxide as CO ₂	13.0 ppm	12.0 ppm
Ammoniacal Nitrogen as N	0.002 ppm	0.006 ppm
Albuminoid Nitrogen as N	0.010 ppm	0.008 ppm
Nitrous Nitrogen as N	None	None
Nitric Nitrogen as N	4.5 ppm	5.0 ppm
Poisonous Metals (Lead etc)	None	None
Hardness (Calculated from Mineral Analysis) as CaCO ₃	346.5 ppm	68.0 ppm
Temporary	212.1 ppm	68.0 ppm
Permanent	134.4 ppm	Nil
Permanganate Figure (4 hours at 80° F.) as O	0.74 ppm	0.29 ppm
Alkalinity as CaCO ₃	212.1 ppm	210.1 ppm
Silica as SiO ₂	6.0 ppm	9.0 ppm
Alumina and Iron Oxide	Nil	0.4 ppm
Calcium as Ca	135.1 ppm	26.8 ppm
Magnesium as Mg	2.2 ppm	0.25 ppm
Sodium as Na	2.26 ppm	134.72 ppm
Carbonates as CO ₃	127.2 ppm	126.0 ppm
Chlorides as Cl	32.0 ppm	34.0 ppm
Nitrates as NO ₃	19.9 ppm	22.1 ppm
Sulphates as SO ₄	74.9 ppm	81.7 ppm
Iron as Fe	Nil	0.1 ppm
Fluorine as F (by distillation method)	0.15 ppm	0.15 ppm

Probable composition of Mineral constituents:

Silica	6.0	ppm	9.0	ppm
Alumina and Iron Oxide	-		0.4	ppm
Calcium Carbonate	212.14	ppm	66.93	ppm
Calcium Sulphate	106.14	ppm	-	
Calcium Chloride	50.08	ppm	-	
Calcium Nitrate	3.44	ppm	-	
Magnesium Carbonate	-		0.87	ppm
Magnesium Nitrate	13.42	ppm	-	
Sodium Carbonate	-		150.60	ppm
Sodium Chloride	-		56.05	ppm
Sodium Nitrate	8.34	ppm	30.30	ppm
Sodium Sulphate	-		120.82	ppm
	<hr/> 399.56	<hr/> ppm	<hr/> 434.97	<hr/> ppm
Calculated Hardness -	Temporary	212.1	68.0	ppm
	Permanent	<hr/> 134.4	<hr/> Nil	
	Total	346.5	68.0	ppm

Winterton Holmes.

Raw Water

Treated
(Softened) Water.

Appearance	Trace of suspended matter	Clear and bright.
Colour	Slightly yellow	Colourless
Taste	Normal	Normal
Smell	None	None
Reaction, pH Value	7.1 ppm	9.6 ppm
Free Carbon Dioxide as CO ₂	28.0 ppm	None
Ammoniacal Nitrogen	0.030 ppm	0.012 ppm
Albuminoid Nitrogen	0.040 ppm	0.032 ppm
Nitrous Nitrogen	trace	None
Nitric Nitrogen	0.22 ppm	0.25 ppm
Poisonous Metals (Lead etc)	None	None
Hardness	489.0 ppm	60.6 ppm
Temporary	276.2 ppm	30.0 ppm
Permanent	212.8 ppm	30.6 ppm
Permanganate Figure (4 hours at 80° F.) as O	0.36 ppm	0.20 ppm
Alkalinity as CaCO ₃	276.2 ppm	30.0 ppm
Total Solids dried at 180° C	706.0 ppm	492.0 ppm
Silica as SiO ₂	4.0 ppm	4.0 ppm
Alumina and Iron Oxide	3.0 ppm	2.0 ppm
Calcium as Ca	181.3 ppm	12.4 ppm
Magnesium as Mg	8.8 ppm	7.2 ppm
Sodium as Na	49.11 ppm	140.39 ppm
Carbonates as CO ₃	165.6 ppm	18.0 ppm
Nitrates as NO ₃	0.97 ppm	1.06 ppm
Chlorides as Cl	57.0 ppm	57.0 ppm
Sulphates as SO ₄	228.8 ppm	244.5 ppm
Iron as Fe	0.44 ppm	0.10 ppm
Fluorine as F by distillation method	0.15 ppm	0.15 ppm

Probable composition of Mineral constituents:

Silica	4.00 ppm	4.00 ppm	
Alumina and Iron Oxide	3.00 ppm	2.00 ppm	
Calcium Carbonate	276.18 ppm	30.02 ppm	
Calcium Sulphate	240.15 ppm	1.29 ppm	
Magnesium Sulphate	43.56 ppm	35.64 ppm	
Sodium Sulphate	36.39 ppm	318.18 ppm	
Sodium Chloride	93.97 ppm	93.97 ppm	
Sodium Nitrate Nitrate	1.33 ppm	1.45 ppm	
<hr/>		<hr/>	
	698.58 ppm	486.55 ppm	
<hr/>		<hr/>	

Food and Drugs Act, 1955.

Samples of Food taken by the County Health Inspector
for Chemical Analysis.

	Comodity Sampled				No. of samples analysed
1.	Milk				147
2.	Processed milk products (including cream, butter and ice cream)				3
3.	Edible fats and oil				1
4.	Preserved				2
5.	Tinned, bottled and dried articles				5
6.	Alcoholic beverages				2
7.	Non-alcoholic beverages				3
8.	Sugar and flour confectionery				3
9.	Meat and fish products (not included in 5 above)				6
10.	Vinegars, pickles, sauces, spices, flavourings and essences				8
11.	Miscellaneous				5

One sample of potted meat contained excessive extraneous water and was the subject of a warning to the vendor. A sample of imported tinned cherries was found to contain a colouring matter which is permitted under the Colouring Matter in Food Regulations but its presence was not declared on the label, as required. The wholesaler arranged for the amendment of the label and for the re-labelling of existing stocks.

The number of samples of milk appears high and it is caused by the sampling of producers' milk on arrival at the pasteurising dairy in the north of the district. Two samples of milk were found to be deficient in fat which was due to natural causes and was rectified by the appropriate advice.

64 samples of milk were taken for biological examination. None showed evidence of tuberculosis but 6 from three producers were positive for brucella abortus. All of the milk from the infected herds is normally subject to pasteurisation, apart from that which may be consumed by the producers or their employees, who were notified of the dangers of consuming infected milk.

Milk (Special Designation) Regulations.

The following samples of milk were taken during the year - in the course of delivery -

Tuberculin tested milk (pasteurised) ..	..	..	..	23
Pasteurised milk .. .. ..	..	..	..	25
Sterilised milk .. .. ..	..	..	..	83
Tuberculin tested milk - raw ..	..	..	..	20

One sample of raw tuberculin tested milk failed the methylene blue test and on investigation the farm supplies, 5 samples were found to be unsatisfactory. The matter was referred to the Divisional Milk Protection Officer of the Ministry of Agriculture, Fisheries and Food and the necessary action taken.

The following samples were taken from the pasteurising dairy in the north of the district and all were satisfactory.

Tuberculin tested milk (pasteurised) ..	..	..	53
Pasteurised milk ..	..	..	94

Air Pollution Measurements.

Bottesford.

		pH	Rain	Tar	Ash	Soluble Calcium	Total Solids	Sulphur Dioxide
February	1961	6.5	0.63	0.20	1.32	2.05	3.77	0.95
March	1961	6.0	0.71	0.23	4.34	0.70	7.89	1.28
April	1961	5.9	2.01	0.43	5.86	3.97	11.49	0.70
May	1961	6.5	1.06	0.30	9.64	1.03	14.47	0.68
June	1961	5.8	1.38	0.30	7.19	0.80	13.08	0.50
July	1961	6.0	2.17	0.40	5.76	0.88	11.23	0.51
August	1961	6.2	4.65	0.53	6.72	1.20	22.88	0.37
September	1961	5.0	0.83	0.30	2.22	0.39	5.56	0.75
October	1961	6.9	2.80	0.33	1.82	2.30	9.70	0.68
November	1961	6.9	1.5	0.60	6.33	1.37	14.64	0.77
December	1961	5.5	1.42	0.36	3.05	0.90	8.64	1.63
Average for 6 Summer months (Apl. - Set).			2.01	0.38	6.23	1.38	13.12	0.59
Average for 5 Winter months (Oct. - Mar.).			1.41	0.34	3.37	1.46	8.93	1.06
		ins.	Tons	per	Square	Mile		

Air Pollution Measurements.

Scawby.

		pH	Rain	Tar	Ash	Soluble Calcium	Total Solids	Sulphur Dioxide
February	1961	6.8	0.71	0.23	3.05	1.64	8.41	0.99
March	1961	7.0	0.91	0.33	6.36	1.90	14.37	1.02
April	1961	7.0	1.93	0.36	4.31	6.16	11.92	0.58
May	1961	6.8	1.06	0.33	4.01	1.11	9.74	0.79
June	1961	5.6	1.38	0.33	5.07	1.36	11.59	0.44
July	1961	6.6	2.21	0.50	7.78	1.49	16.29	0.49
August	1961	6.5	4.69	0.40	5.66	2.27	19.17	0.73
September	1961	6.7	1.2	0.43	7.29	3.31	17.45	0.85
October	1961	6.0	2.84	0.40	3.84	0.60	8.78	0.86
November	1961	6.6	2.05	0.53	5.33	1.56	13.58	0.94
December	1961	7.0	1.62	0.43	4.01	2.21	12.75	1.07
Average for 6 Summer months (Apl. - Sept.).			2.08	0.39	5.69	2.61	14.36	0.65
Average for 5 Winter months (Oct. - Mar.)			1.63	0.38	4.52	1.58	11.58	0.98
		Ins.	Tons per square mile					

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR,
1961.

HOUSING.

Total number of new houses erected during the year..	..	..	447
(i) By the Local Authority..	..	..	47
(ii) By other Local Authorities ..	..	..	Nil
(iii) By other bodies or persons ..	..	..	363
(iv) Number allocated for replacing houses subject to Demolition Orders or otherwise demolished...	..	..	37

Housing Repairs and Rents Acts, 1954/57

Number of certificates of disrepair issued	Nil
--	----	----	-----

Inspection of dwellinghouses during the year.

(i) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	..	159
(ii) Number of inspections made for the purpose	..	181

Remedy of defects during the year without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the local authority or their officers..	46
--	----	----	----	----	----	----

Action under statutory power during the year.

(i) Proceedings under Public Health Acts:-	
(a) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied Nil
(ii) Proceedings under the Housing Acts:-	
(a) Number of dwellinghouses in respect of which notices were served requiring repairs Nil	
(b) Number of dwellinghouses which were rendered fit after service of formal notices. Nil	
(c) Number of unfit houses purchased by local authority in accordance with Housing Acts. Nil	
(d) Number of certificates of disrepair issued Nil	
(iii) Slum Clearance - proceedings under the Housing Acts:-	
(a) Number of dwellinghouses in respect of which Demolition Orders were made 35	
(b) Number of dwellinghouses demolished in pursuance of Demolition Orders Nil	

Housing Acts - Overcrowding.

(i)	(a)	Number of cases of overcrowding relieved during the year..	.. .. .. .. .. .. .. ..	5
	(b)	Number of persons concerned in such cases	.. ..	28
(ii)	(a)	Number of dwellings overcrowded at the end of the year..	.. .. .. .. .. .. .. ..	7
	(b)	Number of persons dwelling therein	.. .. .. ..	45

Housing Acts, 1949 - 59.

(iii) Number of houses owned by the local authority which have been the subject of grant aid by the Ministry.. Nil

Moveable dwellings, tents, vans, etc.

(i) Caravan Sites and Control of Development Act, 1960

(a)	Number of site licences..	..	..	..	..	..	8
(b)	Total Number of Caravans permitted under such licences	264					
(c)	Number of inspections during the year - Sites..	..	12				
				- Caravans	..	25	
(d)	Number of contraventions remedied ..	..	..	..	..	..	Nil
(e)	Number of sites exempt from licence.	..	..	..	..	..	10
(f)	Number of caravans thereon ..	..	..	..	..	..	10

Public Health Act, 1936.

(a)	Number of site licences..	..	..	..	..	..	Nil
(b)	Number of individual licences.	..	..	..	..	..	Nil

FOOD PREMISES.

Bakehouses.

(i)	Number in the district..	..	..	..	..	..	..	2
(ii)	Number of inspections ..	..	..	..	..	..	..	6
(iii)	Number of contraventions found ..	..	..	..	..	..	..	Nil

Ice Cream

(i)	Number of manufacturers on register ..	..	..	..	..	..	..	1
(ii)	Number of premises licenced for the sale of ice cream ..	..	..	..	..	..	..	108
(iii)	Number of inspections made ..	..	..	..	..	..	..	27
(iv)	Number of contraventions found ..	..	..	..	..	..	..	Nil
(v)	Number of samples taken ..	..	..	..	..	..	..	4

Meat Products.

(i)	Number of premises registered for manufacture of meat products..	..	..	..	..	..	..	27
(ii)	Number of inspections made ..	..	..	..	..	..	..	28
(iii)	Number of contraventions found ..	..	..	..	..	..	..	Nil

Other Food Premises.

(i)	Number of inspections ..	..	..	..	..	..	..	26
(ii)	Number of contraventions found ..	..	..	..	..	..	..	3
(iii)	Number of contraventions remedied ..	..	..	..	..	..	..	3

Slaughterhouses.

(i) Number licensed -
 (a) Abattoir type 1
 (b) Private (individual) 4
(ii) Number operated by local authority Nil

UNSAFED FOOD.
MRAT INSPECTION.

The following table gives details of meat inspection work carried out during 1961.

Carcases Inspected and Condemned in Whole or in Part.

	<u>Cattle</u> No. & Pct.	<u>Cows</u> .	<u>Calves</u> .	<u>Sheep & Lamb</u> .	<u>Pigs</u> .
Number killed	2330	-	2	7340	1276
Number inspected	2320	-	3	7340	1276
All disease except Tuberculosis &					
Cysticerci:-					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	3	-	-	-	-
Percentage of number inspected affected with disease other than tuberculosis & cysticerci	6	-	-	-	-

Tuberculosis only:-

Whole carcasses condemned

Carcasses of which some part - r organ
was condemned

Percentage of number inspected affected
with tuberculosis

Cysticercosis:-

Carcasses of which some part or organ was
condemned

Carcasses submitted to treatment by
refrigeration

General and totally condemned

OTHER FOODS CONDEMNED.

3 tins Ham - 33 lbs.
1 box Assorted Rocks.
14 packets Mintoes,
36 bars of Fry's Five Boys Chocolate.
 $\frac{1}{2}$ box Fruit Bars.
14 - 2oz. bars Caley's Milk Tray.
50 bars Rowntrees Kit Kat.
1 box packets Terry's Fruit Gums
1 box spearmint chews.

2 boxes Lollipops
1 box of Parker's Zoo bars.
64 bars Aero.
1 box Lenny Lion Sweet Cigarettes.
1 box Nugget,
1 box Matlow Chews.
1 box Daisy Nutty Log.
1 box Liquorice Allsorts.
1 box Bubbly Gum.

Method of Disposal of Condemned Food.

Offensive trades establishment and tipping on Council's tip.

DRAINAGE AND SEWERAGE.

Water closets,

(i)	Number of houses with privy vaults in district ..	9
(ii)	Percentage of houses with pail closets in the district ..	16%
(iii)	Percentage of houses with water closets in district ..	84%
(iv)	Number of water closets substituted for pail closets and privy vaults	527

Cesspools & Septic Tanks.

(i)	Number of cesspools and septic tanks emptied, cleansed etc ..	241
(ii)	Number of cesspools and septic tanks demolished	105

Sewerage and Sewage Disposal.

Villages where provision has been made of new sewers or where existing sewerage arrangements improved.

- (i) Rawby.
- (ii) Goxhill.

Villages where provision has been made of new sewage disposal facilities or existing arrangements improved

- (i) Rawby.
- (ii) Goxhill.

Villages urgently requiring public sewers and/or treatment works for public health reasons.

- (i) South Ferriby.
- (ii) Wootton.
- (iii) Ulceby.
- (iv) Thornton Curtis.
- (v) North Killingholme
- (vi) South Killingholme
- (vii) East Haltom.
- (viii) Whittington.
- (ix) Kirmington.

WATER SUPPLIES.

Domestic.

- (i) No. of houses supplied from public mains - in house.. .. 10,021
- (ii) No. of houses supplied from private source - in house .. 550
- (iii) New sources of supply and location - public North Lindsey Water Board.
- (iv) No. of new sources of supply and location - private Dog Sactuary.
- (v) No. of houses supplied therefrom - No houses but £300,000 worth of dogs.
- (vi) No. of public supplies closed.. Nil
- (vii) Part of district requiring a public supply or the replacement of a public supply for public health reasons - Starr Carr Lane, Wrawby.

Water samples obtained for analysis.

(i) Public Supplies -

See detailed report on public supplies - page 18

(ii) Private Supplies -

Presumptive
Coli

	0 - 1	1 - 2	3 - 10	10+	Total
Presumptive Coli	2	-	2	1	5
Type 1 Coli	4	1	-	-	5

Swimming and Paddling Pools.

No. in operation Nil

Sea Water

No. of samples submitted for examination Nil

GENERAL.

Offensive Trades.

(i) No. of premises in district 1
 (ii) No. of inspections 8
 (iii) Contraventions remedied Nil

Knackers Yard.

(i) No. licensed 1
 (ii) No. of inspections 8
 (iii) Contraventions remedied Nil

Shops Act, 1950.

Disinfection and Disinfestation.

(i) Rooms of premises disinfected -
 (a) Infection disease other than tuberculosis 2
 (b) Tuberculosis Nil
 (ii) Number of premises subject to disinfection 3

Refuse Collection and Disposal.

(i) Percentage of premises from which refuse is collected .. 96%
 (ii) Frequency of collection Fortnightly
 (iii) Method of disposal Part controlled tipping.

Nuisances.

(i) Number of nuisances during the year abated as a result of information action by the Public Health Inspector.. .. 31
 (ii) Number of nuisances report to the Council Nil

Details of Nuisances Abated.

	After Informal Intimation	After Statutory Notice
Accumulation of refuse	2	-
Foul Ditches, ponds and stagnant water	7	-
Drainage	16	-
Poultry and Animals	2	-
Dangerous premises	1	-
Miscellaneous Nuisances	3	-

Rats & Mice Destruction.

- (i) Number of dent operatives employed.. 1
- (ii) Number of premises treated -
 - (a) Dwellinghouses.. 622
 - (b) Other premises.. 158
- (iii) Service covers domestic, business and agricultural premises.

There is a considerable increase of infestation throughout the district.

Atmospheric Pollution.

- (i) No. of visits.. 12
- (ii) No. of nuisances found. Nil

Bottesford has been declared but not yet approved as a smokeless zone.

FACTORIES ACTS, 1937 to 1959.

Administration of the Factories Act, 1937

Part 1 of the Act.

1 - Inspections for purposes of provisions as to health (including inspections made by the Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4, & 6 are to be enforced by Local Authority	6	14	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	71	43	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority. (excluding out-worker's premises).	11	12	-	-
Total:	88	69	-	-

+ i.e. Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Section 107 and 108).

2 - Cases in which defects were found.

Particulars	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	4	4	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temp (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)	-	-	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	1	1	-	-	-
(c) Not separate sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to out-work).	-	-	-	-	-
Total:	5	5	-	-	-

PART VIII OF THE ACT.

Details of Outwork (Sections 110 and 111) carried on in
the district.

Number of out-workers in August list required by Section 110 (1) (c)	..	..	..	..	..	2
Nature of work	..	..	..	..	..	Wearing apparel - making etc.
Number of cases of default in sending lists to the Council (Section 110)	..	..	..	..	..	Nil
Number of prosecutions for failure to supply lists (Section 110)	..	..	..	..	..	Nil
Number of instances of work in unwholesome premises (Section 111)	..	..	..	..	..	Nil
Number of notices served (Section 111)	..	..	..	..	..	Nil
Number of prosecutions (Section 111)	..	..	..	..	..	Nil

